

IMEC218.001AUS

*Lee Mly*2825/ff
PATENT

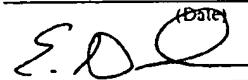
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Catthoor, et al.
Appl. No. : 09/935,789
Filed : August 22, 2001
For : TASK CONCURRENCY
MANAGEMENT DESIGN
METHOD
Examiner : Annette M. Thompson
Group Art Unit : 2825

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Mail Stop Amendment, P.O. Box 1450, Alexandria, VA 22313-1450, on

January 24, 2005



Eric M. Nelson, Reg. No. 43,829

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant has the following amendments and remarks in response to the Office Action, mailed September 24, 2004.

Amendments to the Drawings are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 8 of this paper.

02/01/2005 MMKONEH 00000105 09935789

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

09/935789

CLAIMS AS FILED - PART I

| (Column 1) | (Column 2) |
|--|--------------|
| TOTAL CLAIMS | |
| FOR | NUMBER FILED |
| TOTAL CHARGEABLE CLAIMS | minus 20 = |
| INDEPENDENT CLAIMS | minus 3 = |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OTHER TH/
OR SMALL ENTI

| RATE | FEES | RATE | FEES |
|-----------|------|------------|------|
| BASIC FEE | \$25 | BASIC FEE | \$18 |
| X\$9 = | | OR X\$18 = | |
| X\$13 = | | OR X\$6 = | |
| +145 = | | OR +890 = | |
| TOTAL | | OR TOTAL | |

CLAIMS AS AMENDED - PART II

| (Column 1) | (Column 2) | (Column 3) |
|---|---|---|
| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | 24 | Minus |
| Independent | 11 | Minus |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> |

| (Column 1) | (Column 2) | (Column 3) |
|---|---|---|
| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | 31 | Minus |
| Independent | 11 | Minus |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> |

OTHER TH/
SMALL ENTITY OR SMALL ENTI

| RATE | ADDI- TIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|------------------------|------------------|-------------------|
| X\$9 = | | X\$18 = | |
| X\$13 = | | X\$6 = | \$16.00 |
| +145 = | | +890 = | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | \$16.00 |

150

| (Column 1) | (Column 2) | (Column 3) |
|---|---|---|
| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | 31 | Minus |
| Independent | 11 | Minus |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> |

| RATE | ADDI- TIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|------------------------|------------------|-------------------|
| X\$25 | | X\$18 = | |
| X\$13 = | | X\$6 = | |
| +145 = | | +890 = | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

150

| RATE | ADDI- TIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|------------------------|------------------|-------------------|
| X\$9 = | | X\$18 = | |
| X\$13 = | | X\$6 = | |
| +145 = | | +890 = | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.